

Client Name: _____
(Last) (First) (Maiden)

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES - ALCOHOL & DRUG INFORMATION SYSTEM
CLIENT ADMISSION FORM**

1. Program Number

2. Client ID

3. Admission Date
mo day year

4. Type of Care (Use Type of Care Code Table)

5. Facility.

6. Client Status
1. Admission 2. Transfer in Service 3. Substance Abuser

7. Case Number

8. Birth Date.
mo day year

9. Sex
1. Male 2. Female

10. Race/Ethnicity
1. White 2. Black 3. American Indian 4. Alaskan Native 5. Asian/Pacific Islander 6. Hispanic: Mexican 7. Hispanic: Puerto Rican 8. Hispanic: Cuban 9. Other Hispanic

11. County of Residence (Use County Code Table)

12. Marital Status
1. Married 2. Unmarried

13. Employment Status
1. Employed Full Time 2. Employed Part Time 3. Unemployed 4. Not in Labor Force 5. Public Assistance Benefits Depleted

14. Family Income from All Sources
(Last taxable year)

15. Years of Education Completed

16. Health Insurance
1. Blue Cross/Blue Shield 2. Other Private Insurance 3. Medicare 4. Medicaid 5. IHS 6. None 7. Insurance Benefits Depleted 8. CHIP

17. Days Waiting to Enter Treatment
a. Is client waiting for next higher level of care? ☐ Check for YES

18. Number of Prior Treatment Episodes

19. IV Usage
1. Never 2. During the Last 12 Months 3. Not in Last 12 Months but Since 1978 4. Not Since 1978 but Before 1978

20. Program Referral Source (Use Program Table) ..

21. Agency Referral Source (Use Referral Code Table)

22. Admission Status
1. Voluntary 2. Forced Voluntary 3. Involuntary 4. Court Order

Item 23 - DRUG TYPE(S) - Indicate the drug problems for which the client is being admitted ranked by

- | | |
|---------------------------------|----------------------------------|
| 01 = Alcohol | 11 = Other Stimulants |
| 02 = Cocaine/Crack | 12 = Benzodiazepine |
| 03 = Marijuana/Hashish | 13 = Other Tranquilizers |
| 04 = Heroin | 14 = Barbiturates |
| 05 = Non-Prescription Methadone | 15 = Other Sedatives or Hypnotic |
| 06 = Other Opiates & Synthetics | 16 = Inhalants |
| 07 = PCP | 17 = Over-the-Counter |
| 08 = Other Hallucinogens | 18 = Other (specify below) |
| 09 = Methamphetamine | |
| 10 = Other Amphetamines | |

Item 24 - FREQUENCY OF USE DURING MONTH PRIOR TO ADMISSION

- | | |
|------------------------------|-------------------------|
| 01 = No Use in Past Month | 04 = 3-6 Times Per Week |
| 02 = 1-3 Times in Past Month | 05 = Daily |
| 03 = 1-2 Times Per Week | |

Item 25 - AGE AT FIRST USE

01 THROUGH 96 - Age of First Use

Item 26 - USUAL ROUTE OF ADMINISTRATION

- | | |
|-----------------|----------------------------|
| 01 = Oral | 04 = Injection |
| 02 = Smoking | 20 = Other (specify below) |
| 03 = Inhalation | |

Drug Patterns at Admission	Primary Problem	Secondary Problem	Tertiary Problem
23. Drug Type			
24. Frequency of Use Month Prior to Admission			
25. Age at First Use			
26. Usual Route of Administration			

27. Interim Services Provided (check for YES)

- | | |
|-----------------------------|--------------------------|
| TB Services: | |
| a. Counseling and Education | <input type="checkbox"/> |
| b. Referral for Testing | <input type="checkbox"/> |
| Pregnant Women: | |
| a. Counseling and Education | <input type="checkbox"/> |
| b. Referral for Testing | <input type="checkbox"/> |
| IV Drug User | |
| a. Counseling and Education | <input type="checkbox"/> |
| b. Referral for Testing | <input type="checkbox"/> |

28. Critical Populations (check all that apply)
Are you billing the state for this client? ☐ Check for YES

- | | |
|--|---|
| <input type="checkbox"/> a. DUI Offender | <input type="checkbox"/> i. On Parole |
| <input type="checkbox"/> b. Receiving Food Stamps | <input type="checkbox"/> j. On Pre-release |
| <input type="checkbox"/> c. Receiving Medicaid | <input type="checkbox"/> k. Other Incarcerated Person |
| <input type="checkbox"/> d. Receiving AFDC | <input type="checkbox"/> l. Pregnant Woman |
| <input type="checkbox"/> e. Receiving SSI | <input type="checkbox"/> m. Women w/Dependents |
| <input type="checkbox"/> f. IV Drug Uses | <input type="checkbox"/> n. Homeless |
| <input type="checkbox"/> g. Protective Services Case | <input type="checkbox"/> o. Mandatory Monitoring |
| <input type="checkbox"/> h. On Probation | <input type="checkbox"/> p. Co-Occurring |

29. Coded Remarks ..